

LITERACY STUDENT APPLICATION FORM

NAME _____

CONTACT INFORMATION

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Other Contact Person: _____ Phone: _____

EDUCATION

Highest grade of School Completed: _____

Last School Attended: _____

If you have a degree please specify in what area: _____

EMPLOYMENT INFORMATION

Occupation: _____ Employer: _____

Employment Status: _____ FULL-TIME _____ PART-TIME _____ UNEMPLOYED

OTHER INFORMATION

Date of Birth: _____ Age: _____ Sex: _____ M _____ F

Ethnicity: _____ White _____ Black _____ Other _____ Prefer not to answer

Native West Virginian: _____ Yes _____ No

Emergency Contact Person: _____

Phone: _____

GENERAL QUESTIONS

How will you get to the tutoring site? _____

What times are you available for tutoring? _____

How did you find out about Literacy Volunteers? _____

Have you ever been diagnosed with a learning disability, if so what condition? _____

APPLICATION DATE: _____

START DATE: _____